

## CLARENCE VALLEY

ACDC SURVEY DATA

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### BACKGROUND

Assisting Communities through Direct Connection (ACDC) is a project of Community Mental Health Australia ([www.cmha.org.au](http://www.cmha.org.au)). The ACDC project offers an innovative, proactive outreach approach to linking people with services and assessing community needs. Rather than waiting for people to present to services and ask for help, the ACDC project reaches people by knocking on the doors of householders and offering information about supports and services. Householders were also asked to complete a survey, with the findings analysed and presented by the Centre for Social Impact.

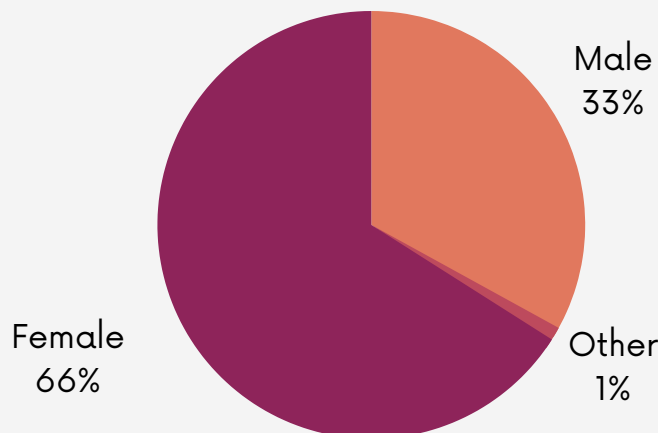
**Clarence Valley** was one of at least 20 sites across Australia visited by People Connectors (trained staff knocking on the doors of householders). The ACDC project partnered with **Wellways Australia**, a local mental health service provider, to deliver this door-knocking initiative in Clarence Valley. A total of **410** doors were knocked on by the People Connectors and **281** people engaged with a People Connector. In addition, **166** householders responded to a survey about mental health needs and access to services in their community.

The following statistics reflect findings from the group of people who answered the survey. A more detailed analysis of the data and impact of the ACDC project will be available later in 2022. Visit [acdc.org.au](http://acdc.org.au) to sign up for updates.

### 166 HOUSEHOLDERS RESPONDED TO THE SURVEY

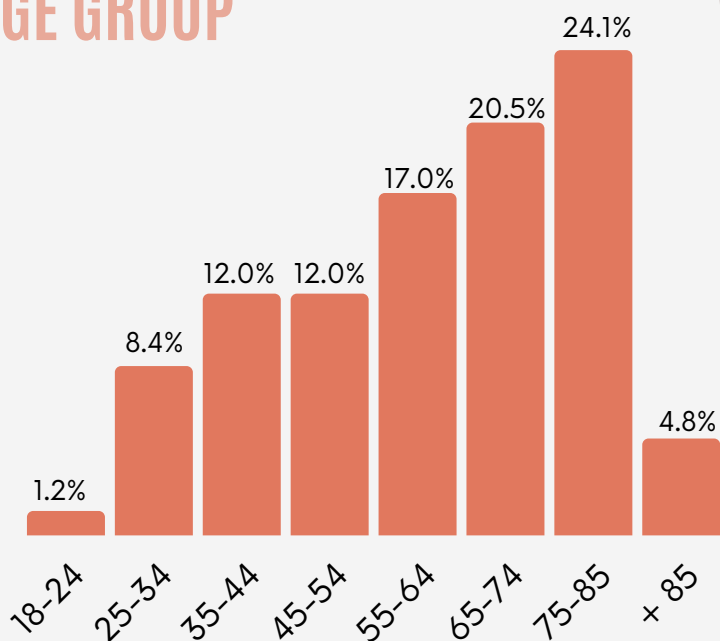
#### WHO ANSWERED THE SURVEY

#### GENDER



4.5% OF RESPONDENTS IDENTIFIED AS BEING ABORIGINAL AND/OR TORRES STRAIT ISLANDER

#### AGE GROUP



12% OF RESPONDENTS WERE BORN OUTSIDE OF AUSTRALIA

99% OF SURVEY RESPONDENTS SAID THEY USUALLY SPEAK ENGLISH AT HOME

*"I think householders start to open up once they realise we aren't there to judge them or question them about their mental health. After that initial, casual conversation, a lot of people just start to open up about things, and then you can follow their lead and ask them what services they've been accessing. When we've found out people aren't accessing services, we've said, "Well, have you heard of this place you can go? There's plenty of services out there." It seemed that the more information we could give them, the more they opened up to us."*

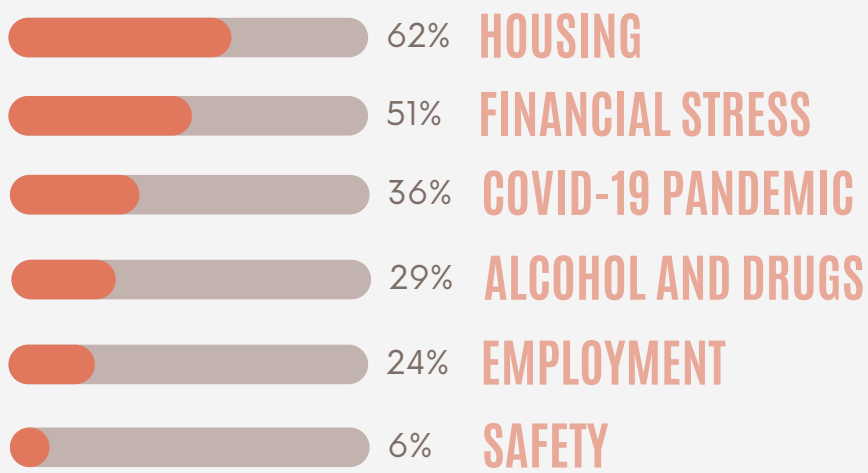
– People Connector

# HOUSEHOLDER CONCERNS

We know that mental health is shaped to a great extent by the social, economic, and physical environments in which people live. This section looks at some of the social determinants of mental health outcomes identified by the Clarence Valley respondents.

## LOCAL COMMUNITY CHALLENGES

PERCENTAGE OF HOUSEHOLDERS WHO PERCEIVED THE FOLLOWING ISSUES AS A LARGE PROBLEM OR CHALLENGE FOR PEOPLE IN THEIR LOCAL COMMUNITY:

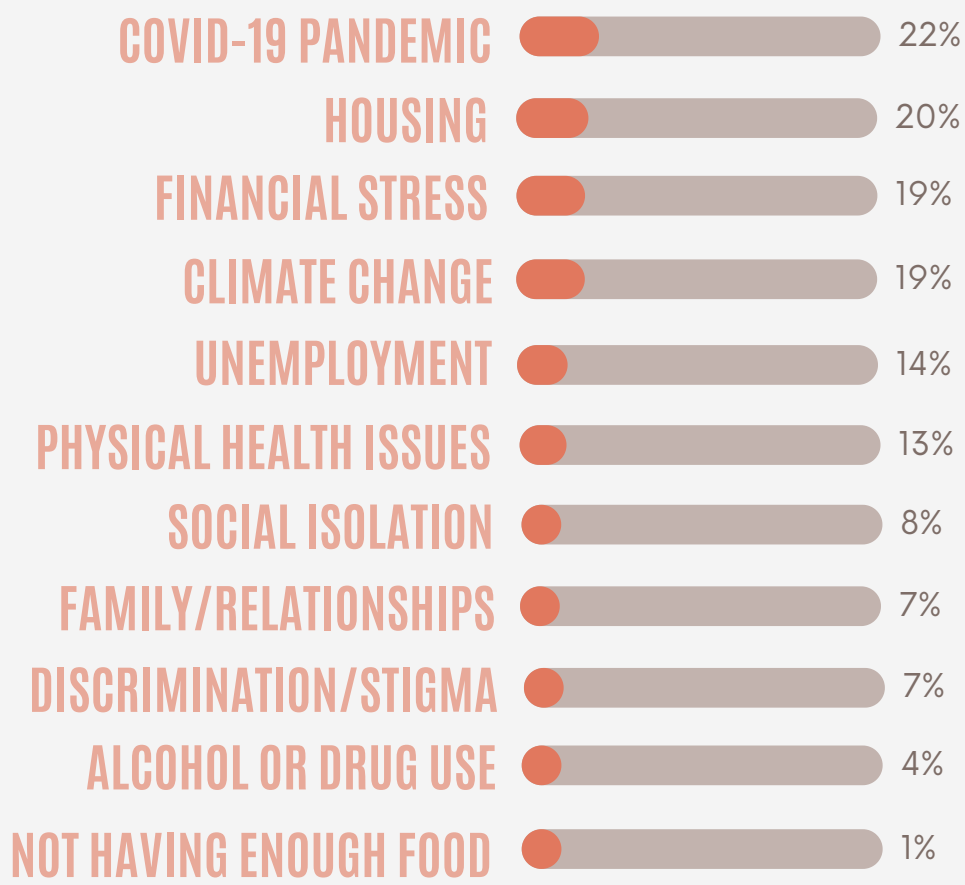


*"There's not enough employment opportunities for young people, which is obviously a significant issue. COVID-19 has created a lot of restrictions and this has impacted 'normal living'. I'm also really concerned about climate change - things seem out of control."*

– Householder

## INDIVIDUAL CHALLENGES

PERCENTAGE OF HOUSEHOLDERS WHO PERCEIVED THE FOLLOWING ISSUES AS A LARGE PROBLEM OR CHALLENGE IN THEIR OWN LIVES:



*"I'm suffering from PTSD, anxiety and depression, which I have expensive medications for. When I try to access help, the wait is so long that my referrals expire by the time someone can help me. I also have to travel hours to get to these appointments."*

– Householder

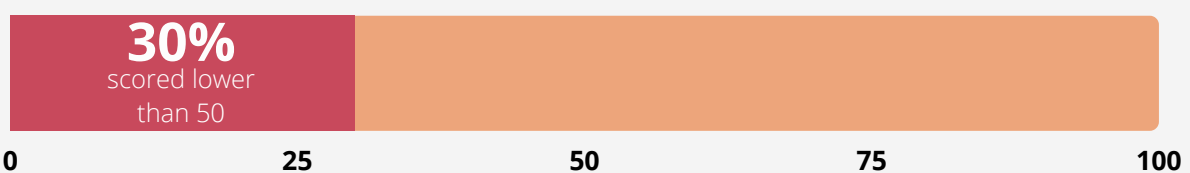


# MENTAL HEALTH

Mental health relates to social and emotional wellbeing. Positive mental health allows people to appreciate their full potential and cope with stressors. This section outlines peoples' self-reported mental health status at the time of survey. Clinical measures (as presented below in the WHO-5 and K10) focus on signs and symptoms. However, we acknowledge that mental health, wellbeing and personal recovery are much broader and are about leading a good life.

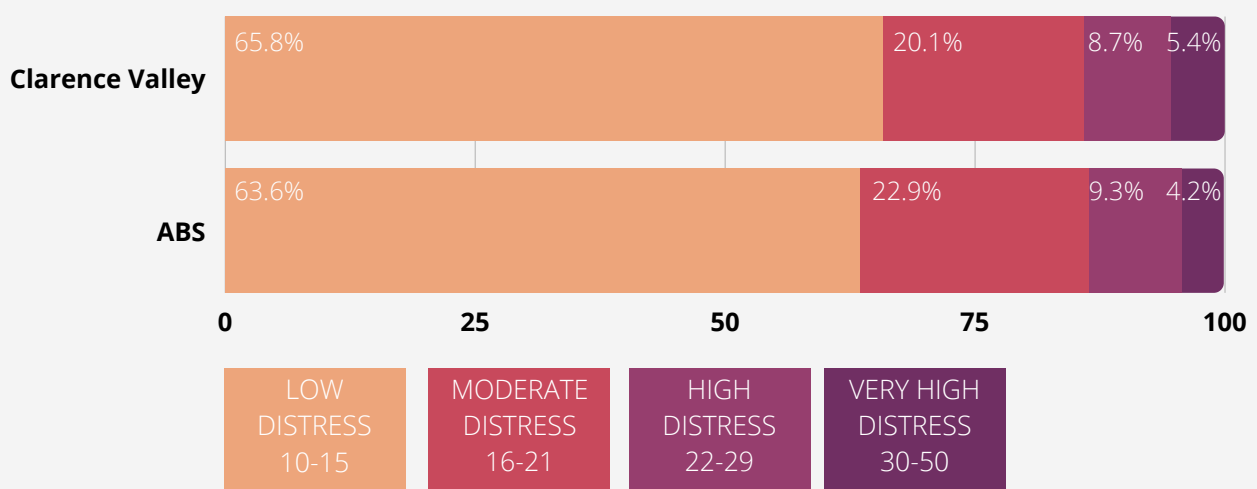
## WELLBEING

The **World Health Organisation Wellbeing Index (WHO-5)** is a short self-report measure of current mental wellbeing. This subjective quality of life measure is based on positive mood, vitality, and general interest in life. A higher score indicates better wellbeing. The WHO-5 has been found to have adequate validity in screening for depression. Scores lower than 50 are indicative of possible depression, where further assessment with clinical measures may be required.



## PSYCHOLOGICAL DISTRESS

The **Kessler Psychological Distress Scale (K10)** is widely used as a measure of psychological distress from low to very high, based on a score from 10 to 50. The following figure compares aggregated K10 data from Clarence Valley respondents to data from the Australian Bureau of Statistics (ABS) National Health and Wellbeing Survey 2017-18 (normative data, or norms).

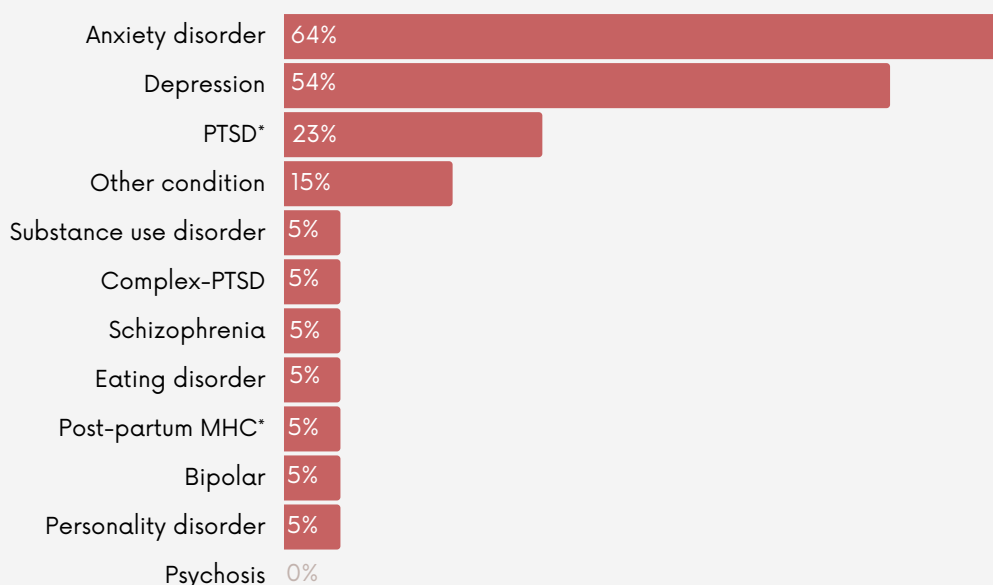


## MENTAL HEALTH ISSUES

**24%** OF HOUSEHOLDERS SAID THEY CURRENTLY HAD, OR WERE LIVING WITH, MENTAL HEALTH ISSUES. MOST OF THESE PEOPLE (72%) REPORTED THAT THEY HAD RECEIVED A FORMAL DIAGNOSIS OF A MENTAL HEALTH CONDITION.

Individuals may seek a clinical diagnosis, or identify with certain mental health conditions. For some, a diagnosis can be useful and meaningful; for others, they may prefer to avoid diagnostic labels, although still may identify as living with a mental health condition. Individuals do not need a diagnosis to validate their struggles or suffering.

RESPONDENTS WHO REPORTED HAVING OR LIVING WITH MENTAL HEALTH ISSUES IDENTIFIED WITH THE FOLLOWING MENTAL HEALTH CONDITION(S):



Multiple responses permitted; PTSD = post-traumatic stress disorder; MHC = mental health condition.

# SUPPORT NEEDS

Many people, regardless of whether they have a mental health condition or not, may want (or need) to seek mental health care. However, there can also be barriers to accessing these supports. Mental health and wellbeing supports and services are increasingly available online, but these are only an option for people and households that have access to suitable digital infrastructure.

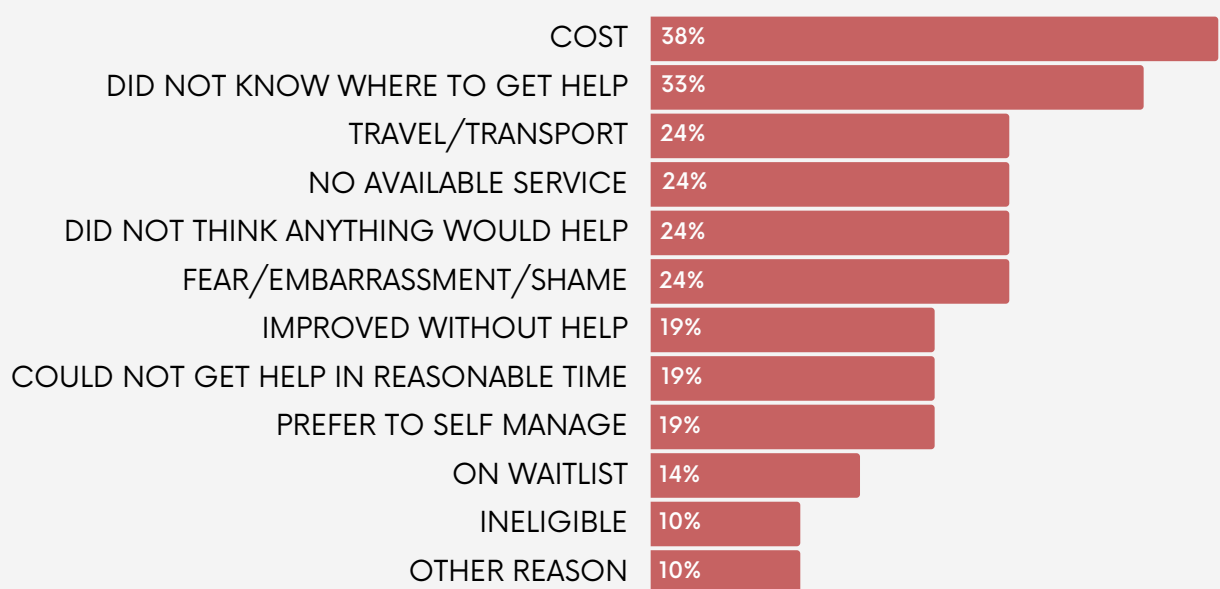
**27%** OF ALL HOUSEHOLDERS INDICATED THEY WANTED TO SEEK HELP FOR THEIR MENTAL HEALTH IN THE PAST 12 MONTHS\*

**49%** OF THESE HOUSEHOLDERS SAID THEY DID NOT GET THE HELP THEY NEEDED

\*We asked respondents, "In the past 12 months, was there a time when you wanted to talk with someone, or seek help about, stress, depression, or problems with emotions?"

## BARRIERS TO HELP-SEEKING

REASONS FOR HOUSEHOLDERS NOT RECEIVING HELP FOR MENTAL HEALTH INCLUDED\*:

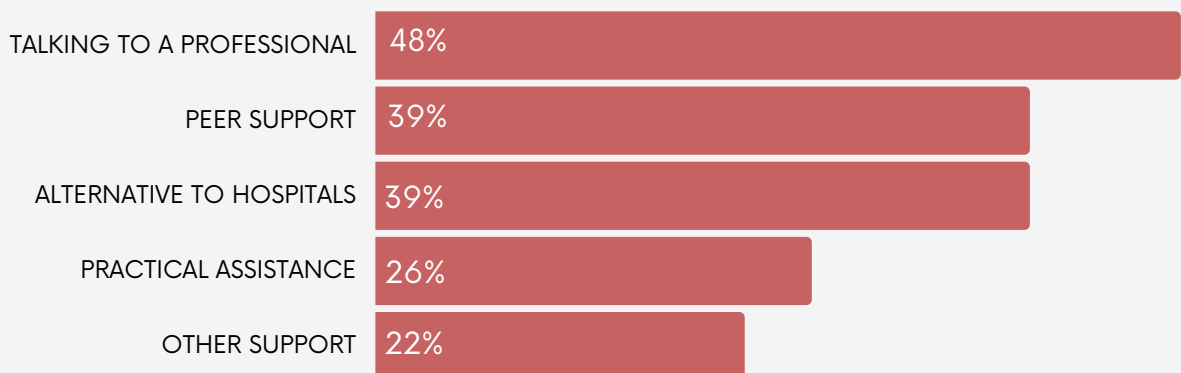


\*Multiple responses permitted; refers to the householders who wanted to seek help for their mental health but did not get the help they needed.

## ADDITIONAL SUPPORT

**15%** OF ALL HOUSEHOLDERS FELT THEY WOULD BENEFIT FROM MORE SUPPORT FOR THEIR MENTAL HEALTH AND WELLBEING

PREFERENCE FOR ADDITIONAL SUPPORT(S) INCLUDED\*:



\*Multiple responses permitted.

**33%** OF RESPONDENTS IN HIGH OR VERY HIGH PSYCHOLOGICAL DISTRESS FELT THEY WOULD BENEFIT FROM MORE SUPPORT FOR THEIR MENTAL HEALTH

## DIGITAL INFRASTRUCTURE

**13%** DO NOT HAVE ACCESS TO A COMPUTER OR OTHER DEVICE

DO NOT HAVE ACCESS TO A MOBILE PHONE **4%**

**23%** DO NOT HAVE CONSISTENT ACCESS TO THE INTERNET WITH SUFFICIENT SPEED AND DATA

DO NOT ALWAYS HAVE A PRIVATE SPACE TO SPEAK TO SOMEONE ONLINE ABOUT THEIR MENTAL HEALTH **21%**